

2016 Tax Summary (1065)

COMMAND ARMS ACCESSORIES LLC

45-0603839

Federal Information

Ordinary Income (Loss)	\$0
Schedule K Income Items	\$0
Schedule K Deduction Items	\$0
Net Income (Loss)	\$0

State Information**State:** PA **Form:** 20S/65

Total Tax	\$0
Overpayment	\$0
Amount Applied	\$0
Refund	\$0
Amount Due	\$0

State: PA **Form:** RCT-101

Total Tax	\$0
Overpayment	\$0
Amount Applied	\$0
Refund	\$0
Amount Due	\$0

Form **1065**Department of the Treasury
Internal Revenue Service**U.S. Return of Partnership Income**

OMB No. 1545-0123

2016

For calendar year 2016, or tax year beginning _____, ending _____

Information about Form 1065 and its separate instructions is at www.irs.gov/form1065.

A Principal business activity WHOLESALE SALES	Type or Print	Name of partnership COMMAND ARMS ACCESSORIES LLC	D Employer identification number 45-0603839
B Principal product or service ARMS ACCESSORIES		Number, street, and room or suite no. If a P.O. box, see the instructions. 3901 NE 12TH AVE, SUITE 400	E Date business started 12/15/2010
C Business code number 423990		City or town State ZIP code POMPAÑO BEACH FL 33064	F Total assets (see the instructions) \$ 0
		Foreign country name Foreign province/state/county Foreign postal code	

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return
(6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year _____ **2**

J Check if Schedules C and M-3 are attached _____ ☐

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		0
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		0
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
7 Other income (loss) (attach statement)	7			
8 Total income (loss). Combine lines 3 through 7	8		0	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		
	10 Guaranteed payments to partners	10		
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13		
	14 Taxes and licenses	14		
	15 Interest	15		
	16a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		
	16c	16c		0
	17 Depletion (Do not deduct oil and gas depletion.)	17		
	18 Retirement plans, etc.	18		
	19 Employee benefit programs	19		
	20 Other deductions (attach statement)	20		
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		0	
22 Ordinary business income (loss). Subtract line 21 from line 8	22		0	

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager _____

Date _____

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name DMITRIY GOYKHMAN	Preparer's signature _____	Date 2/6/2017	Check <input type="checkbox"/> if self-employed	PTIN P00751025
Firm's name DMITRIY GOYKHMAN CPA PC	Firm's EIN 26-4212393			
Firm's address 230 WEST 38TH STREET, 14TH FL	Phone no. (212) 913-0680			
City NEW YORK	State NY	ZIP code 10018		

For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2016)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other ▶				
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?					X
3 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership.					X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership.				X	
4 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.					X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.					X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details.					X
6 Does the partnership satisfy all four of the following conditions?					
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3.				X	
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.					
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?					X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
10 At any time during calendar year 2016, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶					X

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. 0	X	
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. 0		
18a Did you make any payments in 2016 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. 0		
20 Enter the number of partners that are foreign governments under section 892. 0		
21 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
22 Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)?		X

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	ELDAD OZ	Identifying number of TMP	-1352
If the TMP is an entity, name of TMP representative		Phone number of TMP	
Address of designated TMP	3806 BENSALEM BLVD		
	BENSALEM	PA	19020

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	0
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
Deductions	9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss)	9b	
	c Unrecaptured section 1250 gain (attach statement)	9c	
	10 Net section 1231 gain (loss) (attach Form 4797)	10	
	11 Other income (loss) (see instructions) Type ▶	11	
	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d Other deductions (see instructions) Type ▶	13d	
	Self-Employment	14a Net earnings (loss) from self-employment	14a
b Gross farming or fishing income		14b	
c Gross nonfarm income		14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶	16b	
	b Gross income from all sources	16c	
	c Gross income sourced at partner level		
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ f Other ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ k Other ▶	16k	
	l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties—gross income	17d	
	e Oil, gas, and geothermal properties—deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
	b Investment expenses	20b	
c Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	0
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners							

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash					
2a Trade notes and accounts receivable					
b Less allowance for bad debts			0		0
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities					
6 Other current assets (attach statement)					
7a Loans to partners (or persons related to partners)					
b Mortgage and real estate loans					
8 Other investments (attach statement)					
9a Buildings and other depreciable assets					
b Less accumulated depreciation			0		0
10a Depletable assets					
b Less accumulated depletion			0		0
11 Land (net of any amortization)					
12a Intangible assets (amortizable only)					
b Less accumulated amortization			0		0
13 Other assets (attach statement)					
14 Total assets			0		0
Liabilities and Capital					
15 Accounts payable					
16 Mortgages, notes, bonds payable in less than 1 year					
17 Other current liabilities (attach statement)					
18 All nonrecourse loans					
19a Loans from partners (or persons related to partners)					
b Mortgages, notes, bonds payable in 1 year or more					
20 Other liabilities (attach statement)					
21 Partners' capital accounts					
22 Total liabilities and capital			0		0

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):	0	a Tax-exempt interest \$	0
3 Guaranteed payments (other than health insurance)	0	7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	0
a Depreciation \$		8 Add lines 6 and 7	0
b Travel and entertainment \$	0	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	0
5 Add lines 1 through 4	0		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books		8 Add lines 6 and 7	0
4 Other increases (itemize):	0	9 Balance at end of year. Subtract line 8 from line 5	0
5 Add lines 1 through 4	0		

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

► File a separate application for each return.

► Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

Print
or
Type

Name	Identifying number
COMMAND ARMS ACCESSORIES LLC	45-0603839
Number, street, and room or suite no. (If P.O. box, see instructions.)	
3901 NE 12TH AVE, SUITE 400	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).	
POMPANO BEACH, FL 33064	

Note: File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

Part I Automatic Extension for C Corporations With Tax Years Ending December 31. See instructions.

1a Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 1120	12	Form 1120-ND (section 4951 taxes)	20
Form 1120-C	34	Form 1120-PC	21
Form 1120-F	15	Form 1120-POL	22
Form 1120-FSC	16	Form 1120-REIT	23
Form 1120-H	17	Form 1120-RIC	24
Form 1120-L	18	Form 1120-SF	26
Form 1120-ND	19		

Part II Automatic Extension for Certain Estates and Trusts. See instructions.

b Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 1041 (estate other than a bankruptcy estate)	04	Form 1041 (trust)	05

Part III Automatic Extension for Entities Not Using Part I, II, or IV. See instructions.

c Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065	09	Form 1120-SF	26
Form 1065-B	10	Form 3520-A	27
Form 1066	11	Form 8612	28
Form 1120	12	Form 8613	29
Form 1120-C	34	Form 8725	30
Form 1120-F	15	Form 8804	31
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

Part IV Automatic Extension for C Corporations With Tax Years Ending June 30. See instructions.

d Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 1120	12	Form 1120-ND (section 4951 taxes)	20
Form 1120-C	34	Form 1120-PC	21
Form 1120-F	15	Form 1120-POL	22
Form 1120-FSC	16	Form 1120-REIT	23
Form 1120-H	17	Form 1120-RIC	24
Form 1120-L	18	Form 1120-SF	26
Form 1120-ND	19		

Part V All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5 a** The application is for calendar year 20 16, or tax year beginning _____, 20 _____, and ending _____, 20 _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions-attach explanation)

6	Tentative total tax	6	0
7	Total payments and credits (see instructions)	7	0
8	Balance due. Subtract line 7 from line 6 (see instructions)	8	0

**SCHEDULE B-1
(Form 1065)**(Rev. December 2011)
Department of the Treasury
Internal Revenue Service**Information on Partners Owning 50% or
More of the Partnership**

▶ Attach to Form 1065. See instructions on back.

OMB No. 1545-0099

Name of partnership

COMMAND ARMS ACCESSORIES LLC

Employer identification number (EIN)

45-0603839

Part I **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
ELDAD OZ	114-92-1352	United States	50.000%
MOSHE OZ	FOREIGNUS	United States	50.000%

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 12-2011)

HTA

COMMAND ARMS ACCESSORIES LLC
3901 NE 12TH AVE, SUITE 400
POMPANO BEACH, FL 33064

September 4, 2019

ELDAD OZ
3806 BENSALEM BLVD
BENSALEM, PA 19020

RE: COMMAND ARMS ACCESSORIES LLC
45-0603839

Enclosed is your current year Schedule K-1 (Form 1065) for the above-referenced account. The amounts shown are your distributive share of the partnership's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocation of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the partnership.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

ELDAD OZ

**Schedule K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

2016

For calendar year 2016, or tax
year beginning _____, 2016
ending _____, 20 _____

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

☐ Final K-1

☐ Amended K-1

651113
OMB No. 1545-0123

Part I Information About the Partnership

A Partnership's employer identification number
45-0603839

B Partnership's name, address, city, state, and ZIP code
COMMAND ARMS ACCESSORIES LLC
3901 NE 12TH AVE, SUITE 400
POMPANO BEACH, FL 33064

C IRS Center where partnership filed return
e-file

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 1
XXX-XX-1352

F Partner's name, address, city, state, and ZIP code
ELDAD OZ
3806 BENSLEM BLVD
BENSLEM, PA 19020

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

H ☒ Domestic partner ☐ Foreign partner

I1 What type of entity is this partner? Passive Individual

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000%	50.000000%
Loss	50.000000%	50.000000%
Capital	50.000000%	50.000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____

L Partner's capital account analysis:

Beginning capital account \$ _____

Capital contributed during the year \$ _____

Current year increase (decrease) \$ _____

Withdrawals & distributions \$ ()

Ending capital account \$ _____

☒ Tax basis ☐ GAAP ☐ Section 704(b) book

☐ Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?
☐ Yes ☒ No
If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)		
12	Section 179 deduction	19	Distributions
13	Other deductions	20	Other information
14	Self-employment earnings (loss)		

*See attached statement for additional information.

For IRS Use Only

COMMAND ARMS ACCESSORIES LLC
3901 NE 12TH AVE, SUITE 400
POMPANO BEACH, FL 33064

September 4, 2019

MOSHE OZ
DOC HERZEL, BLDG 8 APT 203
TEL AVIV
Israel

RE: COMMAND ARMS ACCESSORIES LLC
45-0603839

Enclosed is your current year Schedule K-1 (Form 1065) for the above-referenced account. The amounts shown are your distributive share of the partnership's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocation of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the partnership.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

ELDAD OZ

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

2016

For calendar year 2016, or tax
year beginning _____, 2016
ending _____, 20 _____Partner's Share of Income, Deductions,
Credits, etc.

▶ See back of form and separate instructions.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Part I Information About the Partnership

A Partnership's employer identification number
45-0603839

B Partnership's name, address, city, state, and ZIP code
COMMAND ARMS ACCESSORIES LLC
3901 NE 12TH AVE, SUITE 400
POMPANO BEACH, FL 33064

C IRS Center where partnership filed return
e-file

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 2
FOREIGNUS

F Partner's name, address, city, state, and ZIP code
MOSHE OZ
DOC HERZEL, BLDG 8 APT 203
TEL AVIV
Israel

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

H ☐ Domestic partner ☒ Foreign partner

I1 What type of entity is this partner? Passive Individual

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000%	50.000000%
Loss	50.000000%	50.000000%
Capital	50.000000%	50.000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____

L Partner's capital account analysis:

Beginning capital account \$ _____

Capital contributed during the year \$ _____

Current year increase (decrease) \$ _____

Withdrawals & distributions \$ (_____)

Ending capital account \$ _____

☒ Tax basis ☐ GAAP ☐ Section 704(b) book

☐ Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?
☐ Yes ☒ No
If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)		
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)		
		19	Distributions
		20	Other information

*See attached statement for additional information.

For IRS Use Only

The following questions should be answered in the context of the FEDERAL return being electronically filed.
Responses for state efiles are below.

Check ("x") this column to see more information, when available.

☒ Name of signing officer or fiduciary . . . ELDAD . . . OZ
SSN/EIN of signing officer or fiduciary . . . 1352

Form family applicability

1065	1120/F	1120S	1041
Y	Y	Y	Y

If a financial institution is the fiduciary then the financial institution's name should be entered.

☐ Total Income from Prior Year return

☐ Enter total number of K-1's 2

☐ If claiming deduction for Salary & Wages on current year return, mark this box
and enter the number of W2's reported to SSA for this tax year. ☐

☐ If claiming Compensation of Officers on current year return, mark this box
and enter the number of officers ☐

☐ Parent Company Name
Parent Company EIN

☐ Business's Primary Physical Address:
Street
Line 2
City St Zip
Country Province Postal Code

☐ Grantor Name
Grantor SSN

☐ Indicate which, if any, of the following forms this entity is required to file.

☐ 720 ☐ 990 ☐ 1042

☐ 940 ☐ 941 ☐ 943 ☐ 944 ☐ 945

☐ Were estimated tax payments made for this entity towards the current tax year's liability?

☐ Yes ☐ No

Note: For EFTPS Confirmation Number, if more than 10 digits, enter the first 10 digits.

First Payment, regardless of quarter or date paid.

Method . . . Direct Debit/ACH . . . Cash . . . Check . . . EFTPS

Amount paid with first quarter

Date payment was requested to be debited

For Cash payments, date cash was deposited. For Check payments, date on check.

Last 4 digits of account number for Direct Debit/ACH or EFTPS payment

EFTPS Confirmation Number

Note: For EFTPS Confirmation Number, if more than 10 digits, enter the first 10 digits.

Last Payment, regardless of quarter or date paid.

Do NOT use if only one estimated payment was made.

Method . . . Direct Debit/ACH . . . Cash . . . Check . . . EFTPS

Amount of last payment

Date payment was requested to be debited

For Cash payments, date cash was deposited. For Check payments, date on check.

Last 4 digits of account number for Direct Debit/ACH or EFTPS payment

EFTPS Confirmation Number

Y	Y	Y	Y
Y		Y	
Y	Y	Y	
	Y	Y	
Y	Y	Y	
			Y
Y	Y	Y	Y
	Y	Y	Y

Pennsylvania

The following questions should be answered in the context of the Pennsylvania return being electronically filed.

Check ("x") this column to see more information, when available.

☐ Name of signing officer or fiduciary . . . ELDAD . . . OZ
SSN/EIN of signing officer or fiduciary . . . 1352

☐ Total Income from Prior Year return

☐ Enter total number of K-1's for this state. 2

☐ If claiming deduction for Salary & Wages on current year state return, mark this box
and enter the number of W2's reported to SSA for this tax year. 0

☐ If claiming Compensation of Officers on current year state return, mark this box
and enter the number of officers 0

☐ Parent Company Name
Parent Company EIN

☐ Business's Primary Physical Address:
Street
Line 2
City St Zip
Country Province Postal Code

☐ Grantor Name
Grantor SSN

☐ Were estimated tax payments made for this entity towards the current tax year's liability?

☐ Yes ☐ No

Form family applicability

65*	1120	65*	1041
Y	Y	Y	Y
Y	Y	Y	Y
Y		Y	
Y	Y	Y	
	Y	Y	
Y	Y	Y	
			Y
	Y	Y	Y

PA-20S/PA-65
(05-16) (Page 1 of 3)

2016 Pennsylvania
PA S Corporation/Partnership Information Return
ENTER ONE LETTER OR NUMBER IN EACH BOX.

Filing Status: PA-20S N PA-65 Y P-S KOZ N

450603839 C 0823131 423990 N Inactive

COMMAND ARMS ACCESSORIES LLC

Fiscal Year: N Short Year: N

3901 NE 12TH AVE SUITE 400

POMPANO BEACH FL 33064

Extension Requested Y

Initial Year N

Final Return Y

FEIN/Name/Address Change N

Amended Information Return N

Method of Accounting: A=Accrual, C=Cash, O=Other, Describe A

Date activity began in PA 12152010

Part I. Total Taxable Business Income (Loss) from Operations Everywhere

- 1a Taxable Business Income (Loss) from Operations Everywhere
1b Share of Business Income (Loss) from All Other Entities
1c **Total Income (Loss).** Add Line 1a and Line 1b
1d Previously Disallowed CNI Deductions - PA S Corporations only
1e **Total Adjusted Business Income (Loss).** Subtract Line 1d from Line 1c

1a	0
1b	0
1c	0
1d	0
1e	0

Part II. Apportioned/Allocated PA - Taxable Business Income (Loss)

- 2 Net Business Income (Loss)
(2a = Outside PA) (2e = PA Source)
2 Share of Business Income (Loss) from Other Entities
(2b = Outside PA) (2f = PA Source)
2 Previously Disallowed PA Source CNI Deductions - PA S Corporations only
(2c = Outside PA) (2g = PA Source)
2 Calculate Adjusted/Apportioned Net Business Income (Loss)
(2d = Outside PA) (2h = PA Source)

2a	0
2e	0
2b	0
2f	0
2c	0
2g	0
2d	0
2h	0

Part III. Allocated Other PA PIT Income (Loss)

- 3 Interest Income from PA Schedule A
4 Dividend Income from PA Schedule B
5 Net Gain (Loss) from PA Schedule D
(5a = Outside PA) (5b = PA Source)
6 Rent/Royalty Net Income (Loss) from PA Schedule M, Part B
(6a = Outside PA) (6b = PA Source)
7 Estates or Trusts Income from PA Schedule J
(7a = Outside PA) (7b = PA Source)
8 Gambling and Lottery Winnings (Loss) from PA Schedule T
(8a = Outside PA) (8b = PA Source)
9 **Total Other PA PIT Income (Loss)**

3	0
4	0
5a	0
5b	0
6a	0
6b	0
7a	0
7b	0
8a	0
8b	0
9	0

SUBMIT ALL SUPPORTING SCHEDULES



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450603839 C COMMAND ARMS ACCESSORIES LLC

Part IV. Total PA S Corporation or Partnership Income (Loss)

- 10 Total Income (Loss) per Books and Records
11 Total Reportable Income (Loss). Add Lines 1e and 9 or Add Lines 2h and 9
12 Total Nontaxable/Nonreportable Income (Loss). Subtract Line 11 from Line 10

Part V. Pass Through Credits - See the PA-20S/PA-65 instructions

- 13a Total Other Credits. Submit PA-20S/PA-65 Schedule OC
13b Resident Credit
14a PA 2016 Quarterly Tax Withholding/Extension Payments for Nonresident Owners
14b Final Payment of Nonresident Withholding Tax
14c Total PA Income Tax Withheld Add Lines 14a and 14b

Part VI. Distributions - See the PA-20S/PA-65 instructions

Partnerships Only

- 15 Distributions of Cash, Marketable Securities, and Property
16 Guaranteed Payments for Capital or Other Services
17 All Other Guaranteed Payments for Services Rendered
18 Guaranteed Payments to Retired Partners

Distributions - See the PA-20S/PA-65 instructions

PA S Corporations Only

- 19 Distributions from PA Accumulated Adjustments Account
20 Distributions of Cash, Marketable Securities, and Property

10	0
11	0
12	0
13a	0
13b	0
14a	0
14b	0
14c	0
15	0
16	0
17	0
18	0
19	0
20	0

Part VII. Other Information-See the PA-20S/PA-65 instructions for each line

- 1 During the entity's tax year, did the entity own any interest in another partnership or in any foreign entity that was disregarded as an entity separate from its owner under federal regulations Sections 301.7701-2 and 301.7701-3? If yes, submit statement. 1 N
- 2 Does the entity have any tax-exempt partners/members/shareholders? If yes, submit statement. 2 N
- 3 Does the entity have any foreign partners/members/shareholders (outside the U.S.)? If yes, submit statement. 3 Y
- 4 Was there a distribution of property or a transfer (e.g., by sale or death) of a partner/member interest during the tax year? (Partnership only) If yes, submit statement. 4 N
- 5 Has the federal government changed taxable income as originally reported for any prior period? If yes, indicate period on supplemental statement, and submit final IRS determination paperwork. 5 N
- 6 Does the entity have any foreign operations or ownership in a foreign bank account? If yes, submit statement. 6 N
- 7 Is this entity involved in a reportable transaction, listed transaction, or registered tax shelter within this return? If yes, submit statement. 7 N
- 8 Does the entity filing as a partnership have other partnerships as partners? 8 N
- 9 Has the entity sold any tax credits? If yes, submit statement. 9 N
- 10 Has the entity changed its method of accounting for federal income tax purposes during this tax year? If yes, submit federal Form 3115. 10 N
- 11 Has the entity entered into any like-kind exchanges under IRC Section 1031? If yes, submit federal Form 8824. 11 N
- 12 PA Apportionment as reported on PA-20S/PA-65 Schedule H-Corp 12 0000000



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450603839 C COMMAND ARMS ACCESSORIES LLC

Part VIII. PA S Corporations Only - Accumulated Adjustments Account (AAA) and Accumulated Earnings and Profits (AE&P)

		AAA	AE&P
1	Balance at the beginning of the taxable year.	0	0
2	Total reportable income from Part IV, Line 11	0	N/A
3	Other additions. Submit an itemized statement.	0	0
4	Loss from Part IV, Line 11	0	N/A
5	Other reductions. Submit an itemized statement.	0	0
6	Sum of Lines 1 through 5	0	0
7	Distributions	0	0
8	Balance at taxable year-end. Subtract Line 7 from Line 6.	0	0

Part IX. Ownership In Pass Through Entities If the entity received income (loss) from an S corporation, partnership, estate or trust, limited liability company or any other pass through entity including a qualified subchapter S subsidiary (QSSS), list below the FEIN, name and address for each entity. If additional space is needed, submit a separate statement. If the income (loss) is from a QSSS, enter "yes" in the QSSS box.

FEIN	QSSS	NAME & ADDRESS
------	------	----------------

A

B

C

D

Part X. Signature and Verification

Under penalties of perjury, I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.
Declaration of paid preparer is based on all information of which preparer has any knowledge.

Print/Type name of general partner, principal officer or authorized individual ELDAD OZ	Signature of general partner, principal officer or authorized individual	Date	Daytime Phone no. 2159499944
Paid Preparer's Use Only			
Print/Type preparer's name DMITRIY GOYKHMAN	Preparer's signature	Date 020617	Check if self-employed <input type="checkbox"/>
Firm's name (or yours if self-employed) DMITRIY GOYKHMAN CPA PC			Daytime Phone no.
Firm's address 230 WEST 38TH STREET, 14TH FL, NEW YORK, NY 10018			2129130680

Preparer's PTIN

Firm's FEIN

E-File Opt Out N

P00751025 264212393





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DEPARTMENT USE ONLY

RCT-101 (08-16) **PAGE 1 OF 4**
PA CORPORATE NET INCOME TAX REPORT 2016

IRS Filing Type A = 1120 B = 1120S C = Other C

STEP A

Tax Year Beginning 01012016 Tax Year Ending 12312016

STEP B

Amended Report	N	52-53 Week Filer	N	First Report	N	File Period Change	N
Federal Extension Granted	Y	Address Change	N	KOZ/EIP/SDA Credit	N	S Corp Taxable Built-in Gains	N
		Change Fed Group	N	Royalty/Related Interest	N	Regulated Inv. Co./	N
				Add-Back (Act 52 of 2013)		Sub Paragraph 18	

STEP C

Revenue ID	0823131	Parent Corporation EIN	
Federal EIN	450603839		
Business Activity Code	423990		
Corporation Name	COMMAND ARMS ACCESSORIES LLC		
Address Line 1	3901 NE 12TH AVE SUITE		
Address Line 2			
City	POMPANO BEACH	Province	
State	FL	Country Code	
ZIP	33064	Foreign Postal Code	

STEP D: PA CORPORATE NET INCOME TAX**USE WHOLE DOLLARS ONLY****A. Tax Liability**
from Page 2
(can not be less than zero)**B. Estimated**
Payments &
Credits on Deposit**C. Restricted**
Credits**STEP E:**
Payment Due/Overpayment
Calculation: A minus B minus C
See instructions.

CNI 0 0 0 0

STEP F: Transfer/Refund Method (See instructions.)**E-File Opt Out (See instructions.)** N☐ **Transfer:** Amount to be credited to the next tax year after offsetting all unpaid liabilities.☐ **Refund:** Amount to be refunded after offsetting all unpaid liabilities.**STEP G: Corporate Officer (Must sign affirmation below)**

NAME	ELDAD OZ
PHONE	2159499944
EMAIL	ELDAD021@GMAIL.COM

FORM	1833
BARCODE	0000

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

Corporate Officer Signature**Date**

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REVENUE ID 0823131
 TAX YEAR END 12312016 NAME COMMAND ARMS ACCESSORIES L
 RCT-101 (08-16) PAGE 2 OF 4 PA CORPORATE NET INCOME TAX REPORT 2016

SECTION A: BONUS DEPRECIATION

USE WHOLE DOLLARS ONLY

(Include REV-799, Schedule C-3, if claiming bonus depreciation.)

1. Current year federal depreciation of 168k prop.
2. Current year adjustment for disposition of 168k prop.
3. Other adjustments.

1 0
 2 0
 3 0

SECTION B: PA CORPORATE NET INCOME TAX

1. Income or loss from federal return on a separate-company basis.

1 0

2. DEDUCTIONS:

- 2A. Corporate dividends received (from REV-798, Schedule C-2, Line 6).
- 2B. Interest on U.S. securities (GROSS INTEREST minus EXPENSES).
- 2C. Current yr. addtl. PA deprec. plus adjust. for sale (REV-799, Sched. C-3, Col. H; must include REV-799).
- 2D. Other (from REV-860, Schedule OD) See instructions.
- TOTAL DEDUCTIONS** - Add Lines 2A through 2D and enter the result on Line 2.

2A 0
 2B 0
 2C 0
 2D 0
 2 0

3. ADDITIONS:

- 3A. Taxes imposed on or measured by net income (from REV-860, Schedule C-5, Line 6).
- 3B. Employment incentive payment credit adjustment (Include Schedule W).
- 3C. Current year bonus depreciation (from REV-799, Sched. C-3, Col. C; must include REV-799).
- 3D. Intangible expense or related interest expense (REV-802, Sched. C-6, Line 11; must include REV-802).
- 3E. Other (from REV-860, Schedule OA) See instructions.
- TOTAL ADDITIONS** - Add Lines 3A through 3E and enter the result on Line 3.

3A 0
 3B 0
 3C 0
 3D 0
 3E 0
 3 0

4. Income or loss with Pennsylvania adjustments (Line 1 minus Line 2 plus Line 3).
5. Total nonbusiness income or loss (from REV-934, Column C, Total; must include REV-934).
6. Income or loss to be apportioned (Line 4 minus Line 5).
7. Apportionment (from Schedule C-1, 1C, or 2C if using Special Apportionment).
8. Income or loss apportioned to PA (Line 6 times Line 7).
9. Nonbusiness income or loss allocated to PA (from REV-934, Column A, Total; must include REV-934).
10. PA taxable income or loss after apportionment (Line 8 plus Line 9).
11. Total net operating loss deduction (from RCT-103, Part A, Line 4).
12. PA taxable income or loss (Line 10 minus Line 11).
13. PA corporate net income tax (Line 12 times 0.0999). If Line 12 is less than zero, enter "0".
14. Less: Credit for tax paid by affiliate(s) for intangible expense or related interest expense (from REV-803, Sched. C-7, Line 9; must include REV-803).
15. Tax Due (Line 13 minus Line 14.)

4 0
 5 0
 6 0
 7 1.000000
 8 0
 9 0
 10 0
 11 0
 12 0
 13 0
 14 0
 15 0

SCHEDULE C-1: Apportionment Schedule For Corporate Net Income Tax (Include Form RCT-106.) ***Sales Factor**

Sales-PA 1A 0 1C 0.000000
 Sales-Total 1B 0

Special Apportionment

Numerator 2A 0
 Denominator 2B 0

Apportionment 2C 0.000000
 Proportion

* Refer to the CT-1 PA Corporation Tax Instructions, REV-1200, found at www.revenue.pa.gov.

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REVENUE ID 0823131
 TAX YEAR END 12312016 NAME COMMAND ARMS ACCESSORIES L
 RCT-101 (08-16) PAGE 3 OF 4 PA CORPORATE NET INCOME TAX REPORT 2016

SECTION C: CORPORATE STATUS CHANGES

Final Report

Y

PA Corporations:

Did you ever transact business anywhere?

N

If yes, enter date all business activity ceased

12312016

Did you hold assets anywhere?

N

If yes, enter date of final disposition of assets*

Foreign Corporations:

Did you ever transact business in PA on your own or through an unincorporated entity?

N

If yes, enter date PA business activity ceased

Did you hold assets in PA on your own or through an unincorporated entity?

N

If yes, enter date of final disposition of

PA assets*

*Schedule of Disposition of Assets, REV-861, must be completed and filed with this report.

Has the corporation sold or transferred in bulk, 51 percent or more of any class of assets? (See instructions.)

N

If yes, enter the following information. (Include a separate schedule if additional space is needed.)

Purchaser Name

Address Line 1

Address Line 2

City

State

ZIP

Province

Country Code

Foreign Postal Code

SECTION D: GENERAL INFORMATION QUESTIONNAIRE

Describe corporate activity in PA

WHOLESALE SALES

Describe corporate activity outside PA

NONE

Other states in which taxpayer has activity

NONE

State of Incorporation

PA

Incorporation Date

12152010

1. Does any corporation, individual or other business entity hold all or a majority of the stock of this corporation?

1

N

2. Does this corporation own all or a majority of stock in other corporations?

2

N

3. Is this taxpayer a partnership or other unincorporated entity that elects to file federal taxes as a corporation?

3

N

4. Has the federal government changed taxable income as originally reported for any prior period for which reports of change have not been filed in PA?

4

N

If yes: First Period End Date:

Last Period End Date:

Accounting Method - Federal Tax Return

Accounting Method - Financial Statements

A

A = Accrual C = Cash O = Other

A

A = Accrual C = Cash O = Other

Other

Other



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REVENUE ID 0823131
TAX YEAR END 12312016 NAME COMMAND ARMS ACCESSORIES L
RCT-101 (08-16) PAGE 4 OF 4 PA CORPORATE NET INCOME TAX REPORT 2016
SCHEDULE OF REAL PROPERTY IN PA (Attach a separate schedule if additional space is needed.)

Did you own or rent property in PA titled to the corporation or any single Member LLC during this filing period? N
If yes, the below section must be completed.

O = Own

R = Rent

Street Address

City

County

KOZ/KOEZ

CORPORATE OFFICERS

(See instructions.)

SSN

Last Name

First Name

MI

Must provide requested information
for all filled officer positions.

President/Managing Partner

Vice President

Secretary

Treasurer/Tax Manager

PREPARER'S INFORMATION

Mail to Preparer

Firm Federal EIN

Firm Name

Address Line 1

Address Line 2

City

State

ZIP

N

264212393

DMITRIY GOYKHMAN CPA PC

230 WEST 38TH STREET 1

NEW YORK

NY

10018

Province

Country Code

Foreign Postal Code

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my
knowledge and belief is a true, correct and complete report.

Tax Preparer's Signature

Date

02062017

INDIVIDUAL PREPARER DMITRIY GOYKHMAN
PHONE 2129130680
EMAIL DMITRIY@DGATAX.COM
PTIN/SSN P00751025



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1010016466

**C-5 Schedule of Taxes**
TAX YEAR
BEGINNING 01012016

CORPORATION NAME COMMAND ARMS ACCESSORIES REVENUE ID 0823131

TAX YEAR
ENDING 12312016

1. PA Corporate Net Income Tax	
2. Philadelphia Business Income and Receipts Tax (BIRT) - Net Income Portion	
3. Income Taxes - Other States	
4. Local Income Taxes	
5. Other Income Taxes	
6. Total Income Taxes (Total Lines 1 through 5)	
7. PA Capital Stock/Foreign Franchise Tax	
8. Philadelphia Business Income and Receipts Tax (BIRT) - Gross Receipts Portion	
9. Payroll Taxes	
10. Real Estate Taxes	
11. Sales and Use Tax	
12. Business Privilege Tax - Other than Income	
13. Occupancy Tax	
14. Local Taxes - Not Based on Income	
15. Other Taxes - Not Based on Income	
16. Total Taxes Not Imposed on or Measured by Income (Add Lines 7 through 15)	
17. Total Tax Expense Reported on Federal Income Tax Return (Add Lines 6 and 16)	

Schedule OA - Other Additions

Description	Amount
Tax Preference Items	
Total Carry to RCT-101, Section B, Line 3-E	

Schedule OD - Other Deductions

Description	Amount
Federal Wages Disallowed as a Result of Tax Credits Under IRC Sec 45B or IRC Sec 51	
Total Carry to RCT-101, Section B, Line 2-D	

1607010020

PA SCHEDULE M

Reconciliation of Federal-Taxable

Income (Loss) to PA-Taxable

Income (Loss)

PA-20S/PA-65 M(05-16)

2016

OFFICIAL USE ONLY

Name as shown on PA-20S/PA-65 Information Return

FEIN

PA Sales Tax License Number

COMMAND ARMS ACCESSORIES LLC

450603839

PA Schedule M, Part A. Classifying Federal Income (Loss) for PA Personal Income Tax Purposes

Classify, without adjustment, the federal income (loss) from Schedule K of federal Form 1120S or from Schedule K of federal Form 1065. The entity must allocate or apportion the amounts from the federal categories to the reportable PA PIT classes. The total of the specific federal line items should equal the total of the federal schedule.

Federal Form		Classified for Pennsylvania Personal Income Tax purposes				
Form 1120S, Schedule K line description Form 1065, Schedule K line description	(a) Federal Income (loss)	(b) PA Business Income (loss)	(c) Interest Income PA Schedule A	(d) Dividend Income PA Schedule B	(e) Gain (loss) From Sales PA Schedule D	(f) Rent & Royalty Income (loss) PA Schedule E
1 Ordinary income (loss) from trade or business activities	0	0				
2 Net income (loss) from rental real estate activities	0					0
3 Other gross rental income (loss)	0					0
4 Interest income	0		0			
5 Dividends	0			0		
6 Royalty income	0					0
7 Net short-term capital gain (loss)	0				0	
8 Net long-term capital gain (loss)	0				0	
9 Net gain (loss) from disposal of IRC Section 179 property	0	0				
10 Net IRC Section 1231 gain (loss) from Form 4797	0	0				
11 Other income (loss)	0	0				
12 Total Federal income (loss) by Pennsylvania classification. Total the amounts in each column.	0	0	0	0	0	0



1607010020

1607010020

PA SCHEDULE MReconciliation of Federal-Taxable
Income (Loss) to PA-Taxable
Income (Loss)
PA-20S/PA-65 M (05-16)**2016**

1607110028

OFFICIAL USE ONLY

Name as shown on PA-20S/PA-65 Information Return

COMMAND ARMS ACCESSORIES LLC

FEIN

450603839

PA Schedule M, Part B. Determining PA Reportable Income (Loss) by Classification

The entity may need to prepare a PA Schedule M, Part B, if it must make adjustments to properly determine its reportable classified income (loss) for its PA-20S/PA-65 Information Return. This specific list of adjustments applies to income (loss) from a business or farm and rental/royalty income (loss).

Enter whole dollars only.**Section A. Federal Classified Income (Loss).** Income class from Part A, Column:

b

Enter the initial of Column (b) or (f) only.

PA Allocated
Income (Loss)Total Rental Income (Loss) or
Total Business Income (Loss)
Before Apportionment

1		2	0
---	--	---	---

Section B. Itemize income adjustments that increase PA reportable income (reduce the loss).

a	Deferred income relating to advance payments for goods and services	1		2	
b	Difference in qualified gain (loss) for each business sale of property	3		4	
c	Gain from business like-kind exchanges, see PA PIT Guide for instructions	5		6	
d	Gain (loss) on involuntary conversions — IRC Section 1033	7		8	
e	Income from cancellation of debt that PA treats differently from federal rules	9		10	
f	Increases in income in the year of change resulting from spread in the year of change associated with IRC Section 481(a) adjustment	11		12	0
g	Income from obligations of other states and organizations that is not exempt for PA purposes	13		14	
h	Other income adjustments that increase PA-reportable income. Submit statement	15		16	
B	Total	17	0	18	0

Section C. Itemize income adjustments that decrease the PA reportable income (increase the loss).

a	Difference in qualified gain (loss) for each business sale of property	1		2	
b	Income from obligations of the U.S. government and other organizations that is not taxable for PA purposes	3		4	
c	Decreases for previously reported income in prior year resulting from spread associated with IRC Section 481(a).	5		6	0
d	Other income adjustments that decrease PA-reportable income. Submit statement	7		8	
C	Total	9	0	10	0

Section D. Adjusted PA Reportable Income. See PA-20S/PA-65 Schedule M instructions.

1		0	2	0
---	--	---	---	---

Section E. Itemize those expenses that PA law does not allow that the entity deducted on its federal form.

These adjustments increase PA reportable income (reduce the loss).

a	Taxes paid on income. Submit REV-1190.	1	0	2	0
b	Differences in depreciation/amortization taken for PA and federal purposes	3		4	0
c	Key man life insurance premiums (owners as beneficiaries)	5		6	
d	Differences in PA treatment of guaranteed payments for capital	7		8	
e	Differences in depreciation for bonus depreciation (PA law does not allow bonus depreciation.)	9		10	0
f	Expense adjustments to qualify for the PA credits claimed in Part V of the PA-20S/PA-65	11		12	
g	Other expenses the entity deducted on its federal return that PA does not allow. Submit statement	13		14	
E	Total	15	0	16	0

Section F. Itemize those expenses that PA law allows that the entity could not deduct on its federal form.

These adjustments decrease PA reportable income (increase the loss).

a	50 percent of business meals and entertainment expenses that the entity could not deduct	1		2	0
b	Sales tax on depreciable assets	3		4	
c	Differences in depreciation/amortization taken for PA and federal purposes	5	0	6	0
d	IRC Section 179 expenses (the maximum for PA purposes is \$25,000)	7		8	0
e	Expenses for employees, including PA S corporation shareholder-employees	9		10	
f	Life insurance premiums (PA S corporation or partnership as beneficiary)	11		12	
g	Expense adjustments to qualify for federal credits	13		14	0
h	Current expensing of Intangible Drilling costs - Schedule I, Line 5	15	0	16	
i	Other expenses PA allows that the entity did not deduct on the federal return. Submit statement	17		18	
F	Total	19	0	20	0

Section G. Total Taxable Income (Loss). Add Section D, plus E, minus F.

1		0	2	0
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1607110028

1607110028

PA SCHEDULE M

Reconciliation of Federal-Taxable

Income (Loss) to PA-Taxable

Income (Loss)

PA-20S/PA-65 M (05-16)

2016

1607110028

OFFICIAL USE ONLY

Name as shown on PA-20S/PA-65 Information Return

FEIN

COMMAND ARMS ACCESSORIES LLC

450603839

PA Schedule M, Part B. Determining PA Reportable Income (Loss) by Classification

The entity may need to prepare a PA Schedule M, Part B, if it must make adjustments to properly determine its reportable classified income (loss) for its PA-20S/PA-65 Information Return. This specific list of adjustments applies to income (loss) from a business or farm and rental/royalty income (loss).

Enter whole dollars only.**Section A. Federal Classified Income (Loss).** Income class from Part A, Column:

Enter the initial of Column (b) or (f) only.

	1	PA Allocated Income (Loss)	2	Total Rental Income (Loss) or Total Business Income (Loss) Before Apportionment
		0		0

Section B. Itemize income adjustments that increase PA reportable income (reduce the loss).

a	Deferred income relating to advance payments for goods and services	1		2	
b	Difference in qualified gain (loss) for each business sale of property	3		4	
c	Gain from business like-kind exchanges, see PA PIT Guide for instructions	5		6	
d	Gain (loss) on involuntary conversions - IRC Section 1033	7		8	
e	Income from cancellation of debt that PA treats differently from federal rules	9		10	
f	Increases in income in the year of change resulting from spread in the year of change associated with IRC Section 481(a) adjustment	11		12	
g	Income from obligations of other states and organizations that is not exempt for PA purposes	13		14	
h	Other income adjustments that increase PA-reportable income. Submit statement	15		16	
B	Total	17	0	18	0

Section C. Itemize income adjustments that decrease the PA reportable income (increase the loss).

a	Difference in qualified gain (loss) for each business sale of property	1		2	
b	Income from obligations of the U.S. government and other organizations that is not taxable for PA purposes	3		4	
c	Decreases for previously reported income in prior year resulting from spread associated with IRC Section 481(a)	5		6	
d	Other income adjustments that decrease PA-reportable income. Submit statement	7		8	
C	Total	9	0	10	0

Section D. Adjusted PA Reportable Income. See PA-20S/PA-65 Schedule M instructions.

	1	0	2	0
--	---	---	---	---

Section E. Itemize those expenses that PA law does not allow that the entity deducted on its federal form.

These adjustments increase PA reportable income (reduce the loss).

a	Taxes paid on income. Submit REV-1190	1	0	2	
b	Differences in depreciation/amortization taken for PA and federal purposes	3		4	0
c	Key man life insurance premiums (owners as beneficiaries)	5		6	
d	Differences in PA treatment of guaranteed payments for capital	7		8	
e	Differences in depreciation for bonus depreciation (PA law does not allow bonus depreciation.)	9		10	0
f	Expense adjustments to qualify for the PA credits claimed in Part V of the PA-20S/PA-65	11		12	
g	Other expenses the entity deducted on its federal return that PA does not allow. Submit statement	13		14	
E	Total	15	0	16	0

Section F. Itemize those expenses that PA law allows that the entity could not deduct on its federal form.

These adjustments decrease PA reportable income (increase the loss).

a	50 percent of business meals and entertainment expenses that the entity could not deduct	1		2	
b	Sales tax on depreciable assets	3		4	
c	Differences in depreciation/amortization taken for PA and federal purposes	5		6	0
d	IRC Section 179 expenses (the maximum for PA purposes is \$25,000)	7		8	0
e	Expenses for employees, including PA S corporation shareholder-employees	9		10	
f	Life insurance premiums (PA S corporation or partnership as beneficiary)	11		12	
g	Expense adjustments to qualify for federal credits	13		14	
h	Current expensing of Intangible Drilling costs - Schedule I, Line 5	15		16	
i	Other expenses PA allows that the entity did not deduct on the federal return. Submit statement	17		18	
F	Total	19	0	20	0

Section G. Total Taxable Income (Loss). Add Section D, plus E, minus F.

	1	0	2	0
--	---	---	---	---



1607110028

1607110028

1608018287

PA-40 NRC-I - 2016
Directory of Nonresident Owners (Individuals) (05-16)
 ENTER ONE LETTER OR NUMBER IN EACH BOX.

450603839 G COMMAND ARMS ACCESSORIES LLC

Amended Schedule

N

Directory of Nonresident Owners (Individuals)

List every nonresident individual owner who received a PA-20S/PA-65 Schedule NRK-1 from the PA S corporation, partnership or limited liability company. Check the block for nonresident individuals participating in the PA-40 NRC. **Do not use more than one line per entry. IMPORTANT:** The entity must complete this directory and submit only the PA-20S/PA-65 Schedules NRK-1 for each nonresident individual electing to file on the PA-40 NRC. **DO NOT USE THIS SCHEDULE TO LIST ENTITIES.**

Nonresident Individual Owners

	SSN	Filing on PA-40NRC	Last Name	First Initial	Owner's % Ownership	Liabilities	Tax withheld for each Owner
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total							0



1608018287

1608018287

1607613005

PARTNER/MEMBER/
SHAREHOLDER DIRECTORY - 2016
PA-20S/PA-65 Directory (05-16)

COMMAND ARMS ACCESSORIES LLC

450603839 C

The entity must list its partners/members/shareholders on this schedule. CODE- Enter the type of owner code: RI=Resident Individual, NR=Nonresident Individual, PI=Part-year Resident Individual (S Corp Only), P=Partnership, C=C Corp, E=Estate, T=Trust, S=S Corp, L=LLC taxed as a Partnership, LC=LLC taxed as a C Corp, LS=LLC taxed as an S Corp, DE=Disregarded Entity, B=Bank/Financial Institution, I=Insurance Company, X=Exempt SSN/FEIN; Revenue ID; Ownership % - (enter each owner's percentage); and Name and Address.

1 Code RI SSN/FEIN [REDACTED] 1352 Revenue ID Ownership % 05000000

Name & Address: ELDAD OZ
3806 BENSALEM BLVD
BENSALEM PA 19020

2 Code NR SSN/FEIN FOREIGNUS Revenue ID Ownership % 05000000

Name & Address: MOSHE OZ
DOC HERZEL BLDG 8 APT 203
TEL AVIV ISRAEL

3 Code SSN/FEIN Revenue ID Ownership %

Name & Address:

4 Code SSN/FEIN Revenue ID Ownership %

Name & Address:

5 Code SSN/FEIN Revenue ID Ownership %

Name & Address:

6 Code SSN/FEIN Revenue ID Ownership %

Name & Address:



1607613005

1607613005

1607217526

PA Schedule RK-1 (05-16)
2016 Resident Schedule of
Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

1352

0Z

ELDAD

Final

Y

3806 BENSALEM BLVD

(Individual=1, PA S Corp=2, All Other Corp=3,
 Estate/Trust=4, Partnership=5, LLC=6, Exempt=7)

Owner

1

BENSALEM PA 19020

Amended N

COMMAND ARMS ACCESSORIES LLC

POMPANO BEACH FL 33064 450603839 0823131

Shareholder's Stock Ownership %

00000

Beneficiary's year-end Distribution %

00000

Partner's % of:

Profit sharing %

05000

Loss sharing %

05000

Capital

Ownership %

05000

Fiscal Year N

(Estate/Trust=E, Partnership=P, PA S Corp =S, LLC=L)

L

Short Year N

General Partner or
LLC Member-Manager

N

Limited Partner or
Other LLC Member

Y

Part II

- 1 PA-Taxable Business Income (Loss) from Operations
- 2 Interest Income
- 3 Dividend Income
- 4 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
- 5 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
- 6 Income of/from Estates or Trusts
- 7 Gambling and Lottery Winnings (Loss)

1	0
2	0
3	0
4	0
5	0
6	0
7	0

Part III

- 8 Resident Credit. Submit statement.
- 9 **Total Other Credits.** Submit statement.

8	0
9	0

Part IV

- 10 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
- 11 Guaranteed Payments for Capital or Other Services
- 12 All Other Guaranteed Payments for Services Rendered

10	0
11	0
12	0

Part V

- 13 Guaranteed Payments to the Retired Partner
- 14 Distributions from PA Accumulated Adjustments Account
- 15 Distributions of Cash, Marketable Securities, and Property

Liquidating

N

13	0
14	0
15	0

Part VI

- 16 Nontaxable income (loss) or nondeductible expenses required to calculate owner's basis. Submit statement.

16	0
----	---

Note: Lines 17 through 20 are for information purposes only.

Part VII

- 17 Owner's Share of IRC Section 179 allowed according to PA rules
- 18 Owner's Share of Straight-Line Depreciation
- 19 Partner's Share of Nonrecourse Liabilities at year-end
- 20 Partner's Share of Recourse Liabilities at year-end

17	0
18	0
19	0
20	0

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.



1607217526

1607217526

1607317821

PA Schedule NRK-1 (05-16)
2016 Nonresident Schedule
of Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

FOREIGNUS

0Z

MOSHE

Final

Y

DOC HERZEL BLDG 8 APT 203

(Individual=1, PA S Corp=2, All Other Corp=3,
 Estate/Trust=4, Partnership=5, LLC=6, Exempt=7)

Owner

1

TEL AVIV

Amended

N

COMMAND ARMS ACCESSORIES LLC

Shareholder's Stock Ownership %

00000

Beneficiary's year-end Distribution %

00000

Partner's % of:

Profit sharing %

05000

POMPANO BEACH

FL

33064

450603839

0823131

Loss sharing %

05000

Fiscal Year

N

(Estate/Trust=E, Partnership=P, PA S Corp =S, LLC=L)

L

Capital

Ownership %

05000

Short Year

N

General Partner or
LLC Member-Manager

N

Limited Partner or
Other LLC Member

Y

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

Part II

- 1 PA-Taxable Business Income (Loss) from Operations
- 2 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
- 3 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
- 4 Income of/from Estates or Trusts
- 5 Gambling and Lottery Winnings (Loss)

1	0
2	0
3	0
4	0
5	0

Part III

- 6 PA Nonresident Tax Withheld
- 7 **Total Other Credits.** Submit statement.
- 8 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments

6	0
7	0
8	0

Part IV

- 9 Guaranteed Payments for Capital or Other Services
- 10 All Other Guaranteed Payments for Services Rendered (PA-Appportioned Amount Only)
- 11 Guaranteed Payments to the Retired Partner

9	0
10	0
11	0

Part V

- 12 Distributions from PA Accumulated Adjustments Account
- 13 Distributions of Cash, Marketable Securities, and Property
- 14 Nontaxable income (loss) or nondeductible expenses required to calculate owner's economic investment. Submit statement.

Liquidating

N

12	0
13	0
14	0

Note: Lines 15 through 18 are for information purposes only.

Part VII

- 15 Owner's Share of IRC Section 179 allowed according to PA rules
- 16 Owner's Share of Straight-Line Depreciation
- 17 Partner's Share of Nonrecourse Liabilities at year-end
- 18 Partner's Share of Recourse Liabilities at year-end

15	0
16	0
17	0
18	0



1607317821

1607317821

REV-854 (TR) 03-17
EIN/TAX YEAR/ADDRESS CHANGE

INSTRUCTIONS FOR REV-854 COUPON

NOTE: You may make these account updates electronically through e-TIDES at www.etides.state.pa.us

1. **Enter account information** including Revenue ID, employer identification number (EIN), corporation name, current tax year begin, current tax year end and complete mailing address.
2. **Enter changes** in account information on the right-hand side of the coupon including EIN, tax year begin, tax year end, and address. If the address has changed, enter the entire new address on the form. Do not use this coupon to change a corporation name. Call the Department of State, Corporation Bureau at 717-787-1057 (Option 4) and speak to a customer service representative for change of name information.
3. **Signature, title, date, email address and telephone number** must be provided by a representative of the corporation.
4. **Fax or email to:**
Fax: 717-787-3708
Email: ra-btftregisfax@pa.gov

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.

REV-854 (TR) 03-17

EIN/TAX YEAR/ADDRESS CHANGE

DEPT USE ONLY

Corporation Name
COMMAND ARMS ACCESSORIES LLC
Current EIN
Current Tax Yr Begin Current Tax Yr End
Current Street Address First Line
Current Street Address Second Line
Current City C. State Current ZIP

Revenue ID
New EIN New Tax Yr Begin New Tax Yr End
450603839
New Street Address First Line
3901 NE 12TH AVE SUITE 400
New Street Address Second Line

New City N.State New ZIP
POMPANO BEACH FL 33064

Signature

Title

Date

Email

Telephone

REV-276

1603610955

Application for
Extension of Time to File
REV-276 EX (05-16)
PA DEPARTMENT OF REVENUE

20 16

EC OFFICIAL USE ONLY FC
☐ ☐ ☐

OFFICIAL USE ONLY

CO Print the first two (2) letters of the last name if for a PA-40. Print the first two (2) letters of the name if a PA-41, PA-40NRC, PA-40NRC-AE, or PA-20S/PA-65. If PA-40NRC, PA-40NRC-AE, or PA-20S/PA-65, enter the entity name starting with the first box of the "Last, Estate, Trust, or Entity Name" and continue until you have used all the space available (if needed). If you do not have enough space for the name, do not use the address line. See instructions for Fiduciary accounts.

DO NOT STAPLE

PA-40, PA-41, PA-40NRC, PA-40NRC-AE, PA-20S/PA-65
APPLICATION FOR EXTENSION OF TIME TO FILE
(See reverse for filing instructions. Be sure to answer all questions.)

PLEASE PRINT OR TYPE ALL INFORMATION

Your Social Security Number

Spouse's Social Security Number

Federal Employer Identification Number

450603839

PLEASE WRITE IN YOUR SOCIAL SECURITY, YOUR SPOUSE'S SOCIAL SECURITY, OR EIN NUMBER ABOVE

Last, Estate or Trust, or Entity Name

COMMAND ARMS ACCESSORIES LLC

First Name

MI

Check the box if filing in Pennsylvania for the first time
First Time PA Filer

Spouse's Last Name or Name of Trustee for Estate or Trust

Spouse's First Name

MI

TYPE OF RETURN

Check the box for the kind of PA Return you will file

PA-40 Individual Tax Return

PA-40NRC Consolidated Nonresident Tax Return

PA-40NRC-AE Nonresident Consolidated Tax Return. Athletes & Entertainers

PA-41 Fiduciary Income Tax Return

X PA-20S/PA-65

Indicate the taxable year. Check the box.

X Calendar Year 2016

Fiscal Year, beginning

First Line of Address

Daytime Telephone Number

2159499944

Second Line of Address

3901 NE 12TH AVE SUITE 400

City or Post Office

POMPANO BEACH

State

FL

ZIP Code

33064

Taxpayer's Signature

Date

AMOUNT OF YOUR PAYMENT

\$

0

Spouse's Signature

Date

An extension of time until 09/15/17 is requested to file the PA return of the above named taxpayer for the taxable year

beginning 01/01/16 month date year and ending 12/31/16 month date year

(See instructions regarding type and length of extension.)

Has an extension of time to file been previously granted for this taxable year?

IF YOU ARE SUBMITTING A PAYMENT WITH THIS APPLICATION, COMPLETE THE "AMOUNT OF YOUR PAYMENT" BLOCK ABOVE AND THE EXTENSION PAYMENT VOUCHER.

State in detail the reason the taxpayer needs an extension. (Use additional sheet if necessary) MORE TIME IS REQUESTED TO ACQUIRE ALL INFORMATION NEEDED TO COMPLETE AND FILE AN ACCURATE RETURN.

SIGNATURE AND VERIFICATION

If Prepared by Taxpayer. - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct.

If Prepared by Someone Other Than Taxpayer. - Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made herein are true and correct, that I am authorized by the taxpayer to prepare this application, and that I am:

A member in good standing of the bar of the highest court of (specify jurisdiction)

A public accountant duly qualified to practice in (specify jurisdiction)

A person enrolled to practice before the Internal Revenue Service.

A duly authorized agent holding a power of attorney. (The power of attorney need not be submitted unless requested.)

A person standing in close personal or business relationship to the taxpayer who is unable to sign this application because of illness, absence, or other good cause. My relationship to the taxpayer and the reason(s) why the taxpayer is unable to sign this application are:

Relationship

Reason(s)

02062017

SIGNATURE OF PREPARER OTHER THAN TAXPAYER

DATE

Mail extension, the extension payment voucher and payment, if applicable, to:

PA DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES
PO BOX 280504
HARRISBURG, PA 17128-0504



1603610955

1603610955

CLIENT COPY

CUT ALONG DOTTED LINE

2016 REV-276 EXTENSION PAYMENT VOUCHER

450603839

C

CO

1603610955

PAYMENT AMOUNT

\$

0.00

DEPARTMENT USE ONLY

**ELECTRONIC FUNDS TRANSFER IS RECOMMENDED
FOR PAYMENTS OF \$1,000 OR MORE**

**INSTRUCTIONS FOR REV-853
PA CORPORATE NET INCOME TAX ANNUAL EXTENSION REQUEST COUPON**

1. **Do not use this coupon** if electronically submitting an extension request with payment.
2. **Enter account information** including file period begin, file period end, Revenue ID, corporation name, state of incorporation, EIN and complete mailing address.
3. **Taxpayers granted an extension** to file the federal return will automatically be granted an extension to file RCT-101, PA Corporate Net Income Tax Report. Corporate taxpayers granted a federal extension must indicate this on Page 1 of RCT-101 and include a copy of the federal extension request with the report. There is no need to file REV-853. However, if you do not request a federal extension you may file REV-853 to request a Pennsylvania extension of up to 60 days. Payment must still be made by the original due date of the report.
4. **Enter payment** required for PA corporate net income (CNI) tax. If no tax payment is being made, enter zero.
5. **Payments of \$1,000 or more** must be made electronically or by certified or cashier's check remitted in person or by express mail courier. For non-electronic payments, mail the coupon and check payable to PA Department of Revenue to:
PA DEPARTMENT OF REVENUE
327 WALNUT ST FL 3
PO BOX 280701
HARRISBURG PA 17128-0701
6. **Payments less than \$1,000** may be made electronically or by mailing the coupon and check payable to PA Department of Revenue to:
PA DEPARTMENT OF REVENUE
PO BOX 280425
HARRISBURG PA 17128-0425
Filing returns and making payments electronically is easy and secure. Learn more by visiting www.revenue.pa.gov and selecting Online Services.
7. **Signature, title, date, email address and telephone number** must be provided by a representative of the corporation.
8. **Must use mmddyyyy format** in all date fields.

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS COUPON.

DETACH HERE BEFORE MAILING

pennsylvania DEPARTMENT OF REVENUE BUREAU OF CORPORATION TAXES		REV-853 CT (05-16)	PA CORPORATE NET INCOME TAX	DEPT USE ONLY
REV-853 ANNUAL EXTENSION REQUEST				
File Period Begin	File Period End	Revenue ID		
01012016	12312016	0823131		
Corporation Name				
COMMAND ARMS ACCESSORIES LLC		USE WHOLE DOLLARS ONLY		
State of Incorporation	EIN			
PA	450603839	1. CNI TAX PAYMENT \$ 0.00		
Street Address				
3901 NE 12TH AVE, SUITE 400				
City	State	ZIP		
POMPANO BEACH	FL	33064		
Signature		Title	Date	
Email		Telephone		

8530016166